

discomfort in EQ-5D profile responses. Sufferers' mean pain scores on an 11-point Likert scale were 4.0, 5.7 and 8.6 on their best, average and worst days, respectively. **CONCLUSIONS:** Online DCEs provide a practical means to compare preferences between physicians and patients, whose concerns overlap substantially but are expressed differently. Sufferers balance pain relief and side-effects. Their refusal to trade between undesirable profiles mirrors high reported rates of treatment discontinuation.

PSY52**DEVELOPMENT AND CONTENT VALIDATION OF A MULTICENTRIC CASTLEMAN'S DISEASE SYMPTOM SCALE**

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OBJECTIVES: Multicentric Castleman's Disease (MCD) is a rare lymphoproliferative disorder characterized by generalized lymphadenopathy and systemic symptoms such as fever, night sweats, fatigue, or loss of appetite. While many of these symptoms can best be assessed through patient-report there currently is no validated MCD Patient-Reported Outcome (PRO) instrument available to evaluate symptom severity and response to treatment. The purpose of this study was to develop an MCD Symptom Scale and assess its content validity through cognitive debriefing interviews. **METHODS:** A 16-item MCD PRO was developed through literature review, expert clinician input, and qualitative work with 12 patients diagnosed with MCD. Subsequent cognitive debriefing was used to evaluate the content validity of the PRO with additional MCD patients (N = 10) 6 male, 4 female, mean age 44 years. Study procedures were IRB approved, participants provided written informed consent, interviews were conducted using a discussion guide, audio-recordings were transcribed, and data were analyzed using qualitative analysis software (Atlas.ti). **RESULTS:** Emergent discussion of symptoms demonstrated that all MCD symptoms experienced by patients are evaluated in the PRO. Symptom experience was variable by patient, supporting the 24-hour recall period for capturing patient-reported symptom severity. All items were consistently understood by participants, who were able to select a response using a 5-point response scale to represent their symptom severity experience. **CONCLUSIONS:** The MCD Symptom Scale content was found to be comprehensive. Design elements, including response options and recall period were suitable, and content validity was confirmed. The instrument was deemed acceptable for inclusion in clinical trials. Psychometric testing is ongoing.

PSY53**ORGANIZATION OF ACUTE PAIN SERVICE (APS) IN THE HUNGARIAN HOSPITAL SETTING**

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OBJECTIVES: In our hospital nearly 5000 operations are performed yearly. Based on document analysis, the most frequently mentioned complaint was postoperative pain in 48 hours following the surgery. There was no Acute Pain Service (APS) in our institution, neither existed a standardized professional protocol for executing postoperative analgesia. Our aim was to organize APS, wide-spread all over the world but hardly known in Hungary. **METHODS:** Our longitudinal, qualitative examination was carried out in May 2008. We investigated the data of patients regarding pain and analgesia at five operating departments via not self-filled questionnaires and document analysis. Patients' actual pain was measured before and 4th and 24th hours after the surgical intervention by visual analogue scale. The analgesics received after surgery were documented and compared to application patterns of each department. During evaluation T- and Chi-square probes, and variance analysis were used. **RESULTS:** Mean age of the examined sample (n = 130) is 52 years. Mean of the pain scale of examined patients is 3.98, higher than the internationally recommended, thus expected value of 3. Significant correlation was found ($P < 0.05$) between operating departments and applying frequency of analgesics used, as well as with mean values of the pain scale. Most often used medications are: noraminophenazon, tramadol and nalbuphin products. There is significant difference between pain values of patients operated at departments of surgery and laryngology ($p = 0.048$), urology and laryngology ($p = 0.036$), and surgery and traumatology ($p = 0.014$). **CONCLUSIONS:** A perceptual form has been developed for regular documentation of pain values measured during resting and physical activity, beside the vital parameters, medications exhibited and the side-effects. Acute Pain Service (APS) has been introduced in our institution and standardized professional protocol has been elaborated for performing postoperative analgesia in accordance with preventive approach.

PSY54**THE DETERMINANTS OF HRQOL FOR PERSONS TAKING PRESCRIPTION PAIN MEDICATIONS: EVIDENCE FOR THE EUROPEAN UNION**

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OBJECTIVES: This study assesses the quantitative impact of the experience of pain on HRQoL for persons taking prescription pain medications in the UK, France, Spain, Germany and Italy. **METHODS:** The study is based on data from the internet based 2008 National Health and Wellness Survey undertaken in the big 5 EU countries. This study identified some 4,503 respondents out of 11,419 who had experienced pain in

the last month and who had reported taking prescription pain medications. The assessment of the quantitative impact of pain status on HRQoL for the sub-group of pain respondents is estimated via three single equation generalized linear (ordinary least squares) models which estimate the impact of pain on PCS, MCS and utility scores. The model includes a range of variables which have been shown in previous population studies to impact HRQoL. These include: socio-demographic factors, health risk behaviors, comorbidity status, medication utilization, duration of medication utilization and satisfaction with care. The experience of pain is captured by a combination of severity and frequency categorical variables. **RESULTS:** The impact of pain severity and frequency on HRQoL for those taking prescription pain medications is substantial. Compared to mild pain experienced less than weekly, the impact of severe daily pain is to reduce the PCS score by -14.65 points, the MCS score by -4.60 points and utilities by -0.15. Severe pain 4-6 times a week has an impact of -0.11 on utility and daily moderate pain -0.08. Overall, the impact of pain is attenuated by reduced severity and frequency. The impact of pain on HRQoL is substantially greater than the impact of comorbidities, duration of medication utilization, socio-demographic and health risk factors. **CONCLUSIONS:** Persons reporting utilizing prescription pain medications continue to experience substantial deficits in the impact of pain severity and frequency on HRQoL in the major EU countries.

PSY55**QUALITY OF LIFE OF OVERWEIGHT AND OBESE PATIENTS SEEKING CARE AT A PHARMACEUTICAL CARE SERVICE IN VENEZUELA**

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OBJECTIVES: The purpose of this study was to describe health-related quality of life (HRQL) of overweight and obese patients seeking care at the Pharmaceutical Care Service of the Proveduría Farmacéutica IPP-UCV. **METHODS:** A convenience sample of 49 patients, ranging in age from 18 to 83 years was surveyed using a written questionnaire from February 2010 to May 2010. HRQL was measured using EuroQol comprising the health states descriptive system (EQ-5D) and visual analogue scale (EQ-VAS) as a general instrument. **RESULTS:** The sample consisted of 42 females and 7 males. The sample had a mean age of 48.55 years (s.d. 15.25 years). The mean weight of patients was 82.88 kg (s.d. 18.24). The mean body mass index (BMI) of the patients was 31.99 kg/m² (s.d. 5.77). Thirty-eight patients (77.6%) reported no exercising regularly. Thirty-four patients (69.4%) reported some problems with mobility. Seven patients (14.3%) reported some problems with self-care. Thirty-eight patients (77.6%) reported some problems with usual activity. Twenty-five (51%) patients reported some problems and 18 (36.7%) reported extreme problems with pain. Nineteen subjects (38.8%) reported extreme problems and 17 reported some problems with anxiety. **CONCLUSIONS:** Study limitations include the sample size and the use of a convenient patient sample. Overall, this exploratory study demonstrates that nearly all aspects of HRQL are adversely affected in overweight and obese patients seeking care at a pharmaceutical care service in Venezuela.

PSY56**SYSTEMIC LUPUS ERYTHEMATOSUS (SLE): UNDERSTANDING THE BURDEN**

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OBJECTIVES: To assess knowledge of the burden of SLE on patients. **METHODS:** A Medline search was conducted to identify relevant articles published between 2000 and 2010 in English or non-English language. Search criteria were SLE/lupus plus one or more of the following terms: QoL; patient perspective; patient burden of illness/disease; family impact/burden; prognosis; self; employment/work impact; patient(s) and psychological impact; patient(s) and physical impact; psychological impact; patient(s) and daily living/functionality; patient(s) and fatigue; impact on social life; patients and functioning; compared with rheumatoid arthritis/RA. Prospective studies involving ≥100 patients diagnosed with SLE were incorporated into the analysis. To focus on the burden of SLE in adult patients, studies in juvenile patients were excluded, as were economic analyses, studies relating to the development of HRQoL tools and studies of non-pharmacological interventions. **RESULTS:** The search identified 4244 articles, 62 of which met the criteria for incorporation into the analysis. Studies involved a mean of 460 patients with SLE (range: 100-4,603). SLE was shown to affect all aspects of patients' lives, including physical and mental health, happiness and relationships. Common symptoms include fatigue (50-92%), pain (71-89%), sleep disturbance (56-88%) and neuropsychiatric symptoms (28-80%), which all influence HRQoL and work ability. Unemployment is highly prevalent among patients with SLE (26-54%) and can impact further on patients' HRQoL. While most patients with SLE (94-100%) report unmet needs primarily reflecting physical, daily living and psychological concerns, physicians appear to place more emphasis on clinical and laboratory features. However, clinical measures of disease activity and organ damage are poor indicators of HRQoL. Few studies examined the effect of SLE treatment on HRQoL. **CONCLUSIONS:** SLE has a considerable impact on HRQoL and ADL. To improve understanding and raise awareness of the burden of SLE, further research is needed.